

PAREPARENT/GUARDIAN PERMISSION FORM FOR STUDENT EVENT, ACTIVITY OR TRAVEL

I am the parent, guardian, conservator, foster parent or other person having custody of the following student(s):

I acknowledge and understand that by law a school district is liable only in those situations that involve the application of excessive disciplinary force or where property or a person is harmed or damaged through the use of a motor vehicle operated by the District. I therefore understand that the Boerne ISD is not under any circumstances responsible for injury or harm to my son and/or daughter unless one of the above exceptions would somehow apply. I also acknowledge that the Boerne ISD does not provide independent medical insurance for this event, activity or travel and is not legally responsible for my child's medical expenses under any circumstances.

I am notifying the faculty, staff or sponsors of this event or activity of the following medical (including special medications) or physical considerations or limitations as applicable to my son and/or daughter:

Because of the foregoing listed medical or physical considerations or limitations, I am requesting that the following restrictions be placed on my son and/or daughter:

Parent/Guardian/other person	Date
Names of children or wards:	
Address and emergency contact m	nber: